

Components of a Successful Classroom

In Place	Somewhat in Place	Not in Place	Components
			Are the classroom rules/expectations posted (3-5 rules, positively stated)?
			Have the rules/expectations been systematically taught and reviewed?
			Are there positive consequences/rewards (more than verbal praise)?
			Are there procedures to address students who are not following classroom expectations posted and consistently implemented?
			Is a daily class schedule posted large enough for all students to see? Does the teacher refer to/explain daily schedule and any schedule changes?
			Is there at least a 4:1 ratio of positive to negative consequences for academic and behavioral responses implemented? <u>Examples of positive:</u> verbal praise (e.g., good job finishing your work), thumbs up, points on point chart, and classroom bucks <u>Examples of negative:</u> redirection, verbal reprimand, school detention, and response cost
			Have classroom routines been established and systematically taught (i.e., entering the classroom, procedures to go to the bathroom, get help from the teacher, and sharpen your pencil)?
			Are transitions between activities structured (i.e. moving from one activity to the next)?
			Is unstructured time kept to a minimum, and are students engaged through high opportunities to respond and check for understanding?
			Is the academic material presented at the students' instructional level? How do you know?
			Is students' academic and behavioral performance monitoring done by circulating among students (e.g., moving around the room while students are working in groups or independently, vs. standing/sitting at the front of the room)?
			Is there an attention signal to get students on task in less than 5 seconds (e.g. "May I have your attention please?" "One, two, three – eyes on me.")?
			Is the classroom environment arranged to effectively support students (i.e., students can transition easily from area to area; things posted on walls are not overly distracting; materials, chairs, tables are organized)?
			Are there mechanisms established for frequent parent communication particularly for positive events that occur (i.e., good note home, "caught you being good," phone calls)?

ABC-UBI is a statewide initiative to support the implementation of Response to Intervention (RtI) for academic and social behavior, supported by the Utah Personnel Development Center and the Utah State Office of Education.

<http://www.updc.org/ubi>

IMPLEMENTATION AND PLANNING SELF-ASSESSMENT¹

Purposes: The self-assessment tool on the following pages has been designed to serve as a multi-level guide for (a) appraising the status of organizational systems necessary for implementing a new initiative such as PBIS or RTI, and (b) developing and evaluating an implementation action plan.

Guidelines for Use²:

- Form team to complete self-assessment.
- Specify how self-assessment information will be used.
- Consider existing related efforts, initiatives, and/or programs.
- Review existing data (e.g., suspension/expulsions, behavior incidents, discipline referrals, attendance, achievement scores, dropout rates, statewide or district assessment data).

Date: _____

Members of Team Completing Self-Assessment: _____

Level of Implementation Being Considered

☐ State-wide ☐ District-wide ☐ School-wide ☐ Other _____



¹ This tool is the PBIS implementation and planning self-assessment tool adapted for use with implementation of either SW-PBIS or RTI.

² See *PBIS Implementers' Blueprint* for supporting definitions, descriptions, and guidelines for use with PBIS.

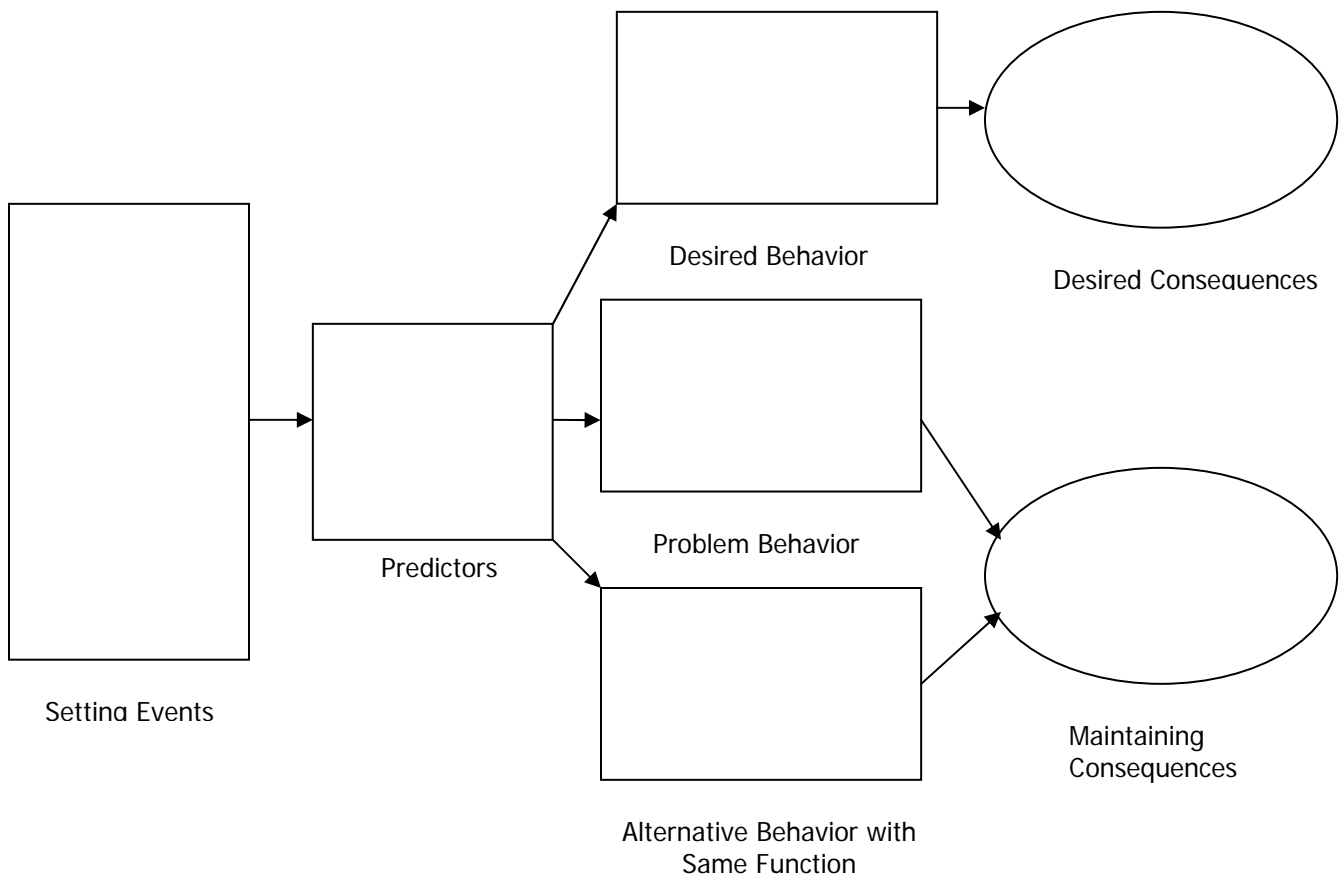
Implementation Leadership Team Self-Assessment and Planning Tool

FEATURE		IN PLACE STATUS		
		Yes	Partial	No
Leadership Team	1. Team is developed with representation from appropriate range of stakeholders (special education, regular education, families, mental health, etc.).			
	2. Team completes self-assessment that includes review of both practices and system supports in place and identifies missing components.			
	3. Team defines regular meeting schedule and meeting process (agenda, minutes, etc.).			
	4. Team reviews available data and determines priority needs.			
	5. Team adopts a framework for using data and a tiered approach to the provision of interventions for addressing behavior and academic needs of all students. Where addressing social emotional needs is priority, the team uses the SW-PBIS framework and core components. Where addressing academic improvement is a priority, the team uses the critical components of RTI as the foundation for their framework.			
Plan Development	6. Team determines selection criteria and number of schools to be involved in the initial effort.			
	7. Team completes a 3-5 year action plan that includes clearly identified outcomes, development of system supports, a training plan, and an evaluation plan.			
Coordination	8. Coordinator(s) is identified who has adequate FTE to manage day-to-day operations.			
Funding	9. Funding sources to cover activities for at least three years can be identified.			
Visibility	10. Dissemination strategies are identified and implemented to ensure that stakeholders are kept aware of activities and accomplishments (e.g., website, newsletter, conferences, TV).			
Facilitative Administration or Political Support	11. Student social behavior is one of the top five goals for the political unit (state, district, etc.) and seen as integral to academic achievement.			
	12. Leadership team reports to the political unit at least annually on the activities and outcomes related to student behavior goal.			
	13. A PBIS policy statement is developed and endorsed.			
	14. A framework for using data and a tiered approach for provision of interventions for all students is printed and disseminated.			
	15. Participation and support by administrator from political unit is evident.			
Training Capacity	16. Leadership team has established a training/TA plan to build and sustain practices through an in-state training/TA infrastructure.			
	17. Leadership team has identified qualified trainers to meet the needs outlined in the training plan.			
Coaching Capacity	18. Leadership team has developed a coaching network that builds and sustains behavioral and academic interventions.			
	19. A coach is available to meet at least monthly with each emerging school team (emerging teams are teams that have not met the implementation criteria), and at least quarterly with established teams.			
Evaluation	20. Leadership has developed an evaluation process for assessing (a) the extent to which team is using school-wide PBIS, (b) the impact of school-wide PBS on student outcomes, and (c) the extent to which the leadership team's action plan is implemented.			
	21. School-based information systems (e.g., data collection tools and evaluation processes) are in place.			
	22. Dissemination, celebration and acknowledgement of outcomes and accomplishments at least quarterly.			

ABC Observation Form
Antecedent-Behavior-Consequence

Student: _____			Observer: _____		
Date: _____		Time: _____		Activity: _____	
Context of Incident:					
Antecedent:					
Behavior:					
Consequence:					
Comments/Other Observations:					
Observation Statement: From the information above, write a brief summary statement that includes what sets off the behavior, the behavior in measurable terms, and what the student gains or avoids.					

Designing Functional Interventions



Setting Events	Predictors	Behavior	Consequences
Setting Event Strategies	Predictor Strategies	Teaching Strategies	Consequence Strategies

O'Neil, R.E., Honer, R.H., Sprague, J.R., Storey and Newtow, J.S. (1995). *Functional assessment and programs development for problem behavior: A practical handbook (2nd edition)*, Brooks/Cole Publishing Company.

FUNCTIONAL BEHAVIOR ASSESSMENT

Student: _____ Grade: _____ DOB: _____

School: _____ Teacher: _____ Date: _____

The purpose of this form is to document a Functional Behavioral Assessment (FUBA), for (1) students who are exhibiting a pattern of behavior resulting in school wide discipline, (2) students who are being considered for an interim alternative placement due to Safe School violations, or (3) requests for intensive individual interventions. This form should be kept in the student's file.

I. Sources of Background Information

The team has reviewed the following background information (fill out all that apply): Please attach forms/protocols.			
Required	Brief Summary of Results	Other	Brief Summary of Results
Parent Information:		Behavior Checklist Rating/Scale:	
		Name of Instruments:	
Observations:		Previous Behavior Interventions and Effectiveness:	
		Other Agencies/Sources:	
		Social Peers:	
Student Interview:		Academic Assessments:	
		Name of Instruments:	
Past IEP Records:		Dates of Administration:	
Teacher Interview:		Administrator Interview:	
Positive Reinforcement System:		Psychological Evaluation:	

II. Functional Behavioral Assessment Summary

The FUBA addresses the relationship among precipitating conditions, the behavior its consequences, and the function of the behavior. The FUBA also reflects a consideration of all relevant data gathered, both as background information and by using specific assessment techniques.

Precipitating Conditions: (Identify one only)

(Setting, time of day, or other situations, with who behavior occurs, activity, events typically occurring before the behavior, other issues, i.e., illness, hunger, etc.)

Unstructured time in _____	Academic instruction in _____
When given a directive to _____	When too close to _____
When provoked or teased _____	Encouraged by _____
When unable to _____	Other _____
Alone/no attention _____	

Target Behavior Pattern: (Resulting in discipline)

Exactly what the student does or does not do, i.e., talk out, threaten, (including frequency, intensity, duration, current baseline, etc.)

Consequences: (Events that typically follow the behavior)

Teacher attention _____	Removal from class _____
Peer attention _____	In-school suspension (length?) _____
Verbal warning/reprimand _____	Time away from seat _____
Loss of privilege (what kind?) _____	Remain after school _____
Avoids task _____	Other _____

Function of the Behavior: (Identify one only) (Hypothesized purpose(s) that the behavior serves)

Escape/avoidance _____	Sensory stimulation _____
Gaining attention _____	Relief of fear/anxiety _____
Expression of anger _____	Access to activity or item _____
Frustration _____	Other _____
Seeking of power/control _____	

Desired Replacement Behavior: (Identify one only) (Which could produce the same consequences as the problem behavior?)

Hand raising _____	Request help from staff _____
Short/time-out break _____	Other _____
Express frustration appropriately _____	Other _____

Summary Statement: From the information above on this student, write a brief summary statement that includes what sets off the behavior, the behavior itself, and what the student gains from the behavior. For example: When Jason is given an assignment, he will throw his pencil across the room in order to obtain attention from the teacher.

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)

Student: _____ Grade _____ School: _____ Date: _____

Participants: _____

This FBA will be utilized for: ☐ Programming purposes ☐ IEP requirements

1 Describe the behavior/incident in observable terms:	4 ANTECEDENTS	5 CONSEQUENCES
<div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 150px;"></div>	<p>What is likely to “set off” or precede the problem behavior? WHEN is the problem behavior most likely to occur?</p> <p> <input type="checkbox"/> Morning — approximate time(s) _____ <input type="checkbox"/> Afternoon — approximate time(s) _____ <input type="checkbox"/> Before/after school <input type="checkbox"/> Lunch/recess <input type="checkbox"/> <i>Time of day does not seem to affect this behavior</i> </p> <p>WHERE is the problem most likely to occur?</p> <p> <input type="checkbox"/> Reg. Ed. classroom <input type="checkbox"/> Spec. Ed. classroom <input type="checkbox"/> Hallways <input type="checkbox"/> Cafeteria <input type="checkbox"/> _____ <input type="checkbox"/> <i>Location does not seem to affect this behavior</i> </p> <p>During what SUBJECT/ACTIVITY is the problem behavior most likely to occur?</p> <p> <input type="checkbox"/> Subject(s) _____ <input type="checkbox"/> Unconstructed activities <input type="checkbox"/> Seatwork <input type="checkbox"/> Group Activities <input type="checkbox"/> Transitions <input type="checkbox"/> Lesson presentations <input type="checkbox"/> Task explanations <input type="checkbox"/> _____ <input type="checkbox"/> <i>Subject/activity does not seem to affect this behavior</i> </p> <p>The PEOPLE that are present when the problem behavior is most likely to occur include:</p> <p> <input type="checkbox"/> Teacher <input type="checkbox"/> Classmates <input type="checkbox"/> Other Staff <input type="checkbox"/> Other peers <input type="checkbox"/> _____ <input type="checkbox"/> <i>Subject/activity does not seem to affect this Behavior</i> </p> <p>Are there OTHER EVENTS or CONDITIONS that immediately precede the problem behavior?</p> <p> <input type="checkbox"/> A demand or request <input type="checkbox"/> Unexpected changes in schedule or routine <input type="checkbox"/> Consequences imposed for behavior <input type="checkbox"/> Comments/teasing from other students <input type="checkbox"/> _____ </p> <p>When is the student most successful? When DOESN'T the problem behavior occur? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What “payoff” does the student obtain when she/he demonstrates the problem behavior?</p> <p>The student GAINS:</p> <p> <input type="checkbox"/> Teacher/adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Desired item or activity <input type="checkbox"/> Control over others or situation <input type="checkbox"/> Self Stimulation <input type="checkbox"/> _____ </p> <p>The student AVOIDS or ESCAPES:</p> <p> <input type="checkbox"/> Teacher/adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Non-preferred activity, task or setting <input type="checkbox"/> A difficult task or frustrating situation <input type="checkbox"/> _____ </p> <p>What has been tried thus far to change the problem behavior?</p> <p> <input type="checkbox"/> This is a first occurrence and will be addressed through this FBA and Behavior Intervention Plan. <input type="checkbox"/> Implemented rules and consequences for behavior are posted. <input type="checkbox"/> Implemented behavior or academic contract. <input type="checkbox"/> Implemented home/school communication system. <input type="checkbox"/> Adapted curriculum — How? _____ _____ <input type="checkbox"/> Modified instruction — How? _____ _____ <input type="checkbox"/> Adjusted schedule — How? _____ _____ <input type="checkbox"/> Conference with parents — Dates? _____ _____ <input type="checkbox"/> Sent student to office — Dates? _____ _____ </p>
<p>2 If the above statement addresses multiple behaviors, identify the ONE BEHAVIOR to be targeted for intervention:</p> <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 100px;"></div>	<p>3 Other medical/mental conditions that may contribute to target behavior: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)

6 FUNCTION OF PROBLEM BEHAVIOR

After reviewing the data on antecedents and consequences, summarize the information below: Consider the following questions...

Why is the student acting this way?

What function is being met by the student's behavior?

When _____
(summarize antecedents)

This student _____
(Identify the problem behavior)

In order to _____
(Summarize "payoff")

Examples:

1. When in the halls before school, after school and during transitions, this student pushes other students and verbally threatens to beat them up in order to gain status and attention from peers.
2. When working on independent seatwork during his/her regular education math class, this student puts his/her head on his/her desk in order to escape work that is too difficult/frustrating.

7 REPLACEMENT BEHAVIOR

Identify the replacement behavior. Remember that replacement behavior is **NOT** an absence of the problem behavior (i.e.; do not write: "rather than hitting, I want this student to keep their hands to themselves.") Instead, a replacement behavior is a description of the behavior that the student will perform in place of the problem behavior which could include socially appropriate alternative behavior, coping skills, anger management skills, techniques to deal with frustrating situations, self advocacy, as well as many others.

Rather than _____
(Identify the problem behavior)

I want this student to: _____
(Define replacement behavior)

This definition is ☐ Observable ☐ Measureable

Examples:

1. Rather than pushing students and threatening to beat them up, I want this student to walk in halls with hands on his/her side and say "hello" to those with whom he/she wishes to interact.
2. Rather than putting his/her head on his/her desk because he/she doesn't know how to do a problem, I want this student to raise his/her hand for help and move on to the next problem while waiting for my assistance.

Functional Behavioral Assessment Teacher Form

Student Name: _____ Date: _____

School: _____ Grade: _____ Date of Birth: _____

WHEN does the behavior occur the most? (What time?)

- ☐ morning ☐ before/after school
☐ afternoon ☐ lunch/recess

WHERE does the behavior occur the most?

- ☐ regular classroom
☐ cafeteria
☐ hallways
☐ other _____

HOW OFTEN does the behavior typically occur?

- ☐ times per day _____
☐ times per week _____
☐ other _____

OTHER EVENTS OR CONDITIONS occurring right before the behavior

- ☐ teacher request
☐ a consequence has been imposed
☐ unexpected schedule change
☐ other _____

WHO is present when the problem behavior is most likely to occur:

- ☐ teacher
☐ peers
☐ aides
☐ other

Motivation Assessment Scale

Direction: Read each question carefully and circle the **ONE** number that best describes your observations:

	Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
1. Would the behavior occur continuously, over and over if this student were left alone for long periods of time?	0	1	2	3	4	5	6
2. Does the behavior occur following a request to perform a difficult task?	0	1	2	3	4	5	6
3. Does the behavior seem to occur in response to your talking to other students in the room?	0	1	2	3	4	5	6
4. Does the behavior ever occur to get a toy, food or activity that this student has been told he/she can't have?	0	1	2	3	4	5	6
5. Would the behavior occur repeatedly, in the same way, for long periods of time, if no one were around?	0	1	2	3	4	5	6
6. Does the behavior occur when any request is made of the student?	0	1	2	3	4	5	6
7. Does the behavior occur whenever you stop attending to the student?	0	1	2	3	4	5	6
8. Does the behavior occur when you take away a favorite toy, food or activity?	0	1	2	3	4	5	6
9. Does it appear that this student enjoys performing the behavior?	0	1	2	3	4	5	6
10. Does this student seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?	0	1	2	3	4	5	6
11. Does this student seem to do the behavior to upset or annoy you when you are not pay attention to him or her?	0	1	2	3	4	5	6

Functional Behavioral Assessment Teacher Form

Motivation Assessment Scale — Continued

Direction: Read each question carefully and circle the **ONE** number that best describes your observations:

	Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
12. Does the behavior stop occurring shortly after you give this student the toy, food, or activity he or she requested?	0	1	2	3	4	5	6
13. When the behavior is occurring, does the student seem calm and unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14. Does the behavior cease shortly after you stop making demands of this student?	0	1	2	3	4	5	6
15. Does the student seem to initiate the behavior in order to get you to spend some time with him or her?	0	1	2	3	4	5	6
16. Does this behavior seem to occur when the student has been told that he or she can't do something he/she had wanted to do?	0	1	2	3	4	5	6

Transfer the numeric answer for each question to the blanks below: Scores are organized into columns by type of motivation. Add the total score and calculate the mean score for each motivation. Then determine the relative ranking by assigning the number "1" to the motivation with the highest mean score, the number "2" to the motivation with the second highest mean score, and so forth.

Sensory	Escape	Attention	Tangible
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
Total Score: _____	_____	_____	
Mean Score: _____	_____	_____	
Relative Ranking: _____	_____	_____	

BEHAVIOR INTERVENTION PLAN

Student: _____ **Grade:** _____ **Date of Birth:** _____
School: _____ **Teacher:** _____ **Date of Current IEP:** _____
Classification: _____ **Date Developed:** _____ **Date Implemented:** _____

Summary Statement of Problem Behavior:
 (Trigger and function of target behavior based on FUBA)

Baseline Data of Problem Behavior:
 (Frequency, intensity, duration, etc.)

Target Behavior(s) / Problem Behavior(s):

Replacement Behavior: Which could meet the same function/need as the problem behavior? (Identify one only)

- | | |
|---|--|
| <input type="checkbox"/> Hand raising/Asking for help/"Sure I will"
<input type="checkbox"/> Short break – i.e. break cards/tickets, scheduled breaks
<input type="checkbox"/> Peer interaction skills
<input type="checkbox"/> Sensory break
<input type="checkbox"/> Responds to choices – i.e. choice of work tasks, preferred activities or interests, offer negotiations | <input type="checkbox"/> Express frustration/feelings appropriately – i.e. cool down, problem solving ("I" messages), relaxation, diversion, re-direct into activity
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|--|

Instructional Interventions for teaching replacement behavior:

What will be taught?	When (frequency)?	Who will teach?	How skills will be taught/monitored across settings?

Proactive support strategies based on the Antecedent:

Antecedent/trigger	Strategy based on antecedent/trigger

Consequence Intervention – POSITIVE:

Consequence Intervention – NEGATIVE:

Student: _____ Grade: _____ Date of Birth: _____

Data Collection Method of Target and Appropriate/Positive Behavior:	Data Number/Percentage indicating Increase/Decrease in both Target Behavior and Appropriate/Positive Behavior: (To be filled out during Initial Behavior Plan Review Meeting)
--	---

Intensive Individual Interventions and Possible Side Effects: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Forceful Physical Guidance: Student is physically guided through the proper motions despite his/her resistance. Student may vigorously resist being touched when forced through this procedure. <input type="checkbox"/> Seclusionary Time-Out: Student is placed in a supervised setting for a specified period of time. Student may become aggressive or injure themselves or staff when being taken to a time-out room. <input type="checkbox"/> Manual Restraint: The minimum amount of force necessary is used to hold/restrain a student only as long as the student is a danger to themselves, others, or property. Risk of physical limb injury, asphyxiation, possible death, internal injuries, aspiration, skeletal injuries – especially if the student fights or struggles.	
Data Collection Method: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Time-out Booth Logs and Graphs <input type="checkbox"/> Manual Restraint Logs & Graphs	Summary of Intensive Intervention data to be reviewed at the Initial Behavior Plan Review Meeting:

Signature & Title of IEP Team and Meeting Participants:		Date of Meeting: _____
Parent: _____		Student: _____
Special Ed Teacher: _____		Regular Teacher: _____
LEA: _____		Other: _____
Follow-up and Behavior Plan Review Date: (within 2 weeks) _____		

Initial Behavior Plan – Summary of Changes: (Summary of changes based on intervention data)
--

Signature & Title of IEP Team and Meeting Participants:		Date of Meeting: _____
Parent: _____		Student: _____
Special Ed Teacher: _____		Regular Teacher: _____
LEA: _____		Other: _____
Next Behavior Plan Review Date: (review every 2 weeks until progress, then review at the end of every term)		
Use the Supplemental Behavior Plan Review Form _____		

BEHAVIOR INTERVENTION PLAN (BIP)

Student: _____ Grade: _____ School: _____ Date: _____

Participants: _____

This **BIP** will be utilized for:

☐ Programming Purposes

☐ IEP requirements

1 Setting Interventions

Preventative measures that will be put in place in hopes that the adjustments will reduce the occurrence of the problem behavior. (Refer to the Antecedent column on page 1 of the FUBA.) Mark "Yes" and fill in the statement if this preventative measure is needed.

Yes Not
Needed

☐ ☐ Adjustments could be made as to **WHEN** the problem behavior is likely to occur by: _____

☐ ☐ Adjustments could be made as to **WHERE** the problem behavior is likely to occur by: _____

☐ ☐ Adjustments could be made as to **SUBJECT/ACTIVITY** during which the problem behavior is likely to occur by: _____

☐ ☐ Adjustments could be made as to the **PEOPLE** present when the problem behavior is likely to occur by: _____

☐ ☐ Clarifying and/or re-teaching expectations/routines. How? _____

☐ ☐ Modify task/assignment/curriculum. How? _____

☐ ☐ Increasing supervision. How? _____

☐ ☐ Utilizing special equipment. How? _____

2 Instructional Interventions

Skills the student will need to be taught in order to successfully demonstrate the REPLACEMENT BEHAVIOR (Refer to the Replacement Behavior column on page 2 of the FUBA.)

☐ Social Skill(s) _____

☐ Communication skills(s) _____

☐ Study Skill(s) _____

☐ Academic Skill(s) _____

☐ _____

How will the skills be taught?

☐ Individual Instruction

☐ Group Instruction

☐ Demonstration/modeling

☐ Role play

☐ Guided Practice

☐ Independent practice

Who will provide the instruction? _____

When will the instruction take place? _____

Where will the instruction take place? _____

How often will the instruction take place? _____

How will opportunities for practice/rehearsal be provided? _____

How will the student be prompted to utilize his/her newly acquired skills? _____

3 REINFORCEMENT PROCEDURES

What will be done to **increase** the occurrence of the replacement behavior?

IDENTIFY POTENTIAL REINFORCERS:

What preferred items, activities or people might be used as incentives in an intervention for this student?

ESTABLISH SPECIFIC BEHAVIOR CRITERIA:











What exactly must the student do to earn the above reinforcers?

DETERMINE SCHEDULE OF REINFORCEMENT:

How frequently can the student earn the above reinforcers?

IDENTIFY REINFORCEMENT DELIVERY SYSTEM:

What intervention components will be used to monitor the student's behavior and deliver reinforcement?

- | | | | |
|---|------------------------|---|-----------------|
|  | Self-monitoring system |  | Point system |
|  | Behavioral contract |  | Token economy |
|  | Group contingency |  | Beep tape |
|  | Home note system |  | Chart moves |
|  | Lottery/raffle tickets |  | Tracking system |

?

4 CORRECTION PROCEDURES

What can be done to **decrease** the occurrence of the problem behavior?

- ☐ All occurrences of the problem behavior will be ignored, while attending to the appropriate behavior of other students.
- ☐ When the problem behavior occurs, the student will be verbally asked to stop and then redirected by...
- ☐ Utilizing precision commands
 - ☐ Completing a teaching interaction
 - ☐ Saying the following..."_____"

_____ //

- Other _____

- Minimal consequences/penalties will be used...
- Loss of incentive/privilege. Describe: _____

- ☐ Loss of _____ minutes of _____
☐ Positive practice. Describe: _____

☐ Phone call to parent(s)

- ?** Time away from the opportunity for reinforcement will be used.
Describe: _____

- 2** A level system including a hierarchy of consequences for appropriate behavior will be used. (Attach a description of the level system.)
- 2** A contract will be written which specifies reinforcers for positive behavior and consequences for occurrences of the problem behavior. (Attach the signed contract.)

- Other: _____

5 IMPLEMENTATION DETAILS

What system will be used to track the delivery of reinforcers, correction, procedures and consequences?

[illegible]

Include any other details/explanations not previously described to ensure that anyone could read this plan and implement the program.

[illegible]

BEHAVIORAL INTERVENTION PLAN (BIP)

[illegible]

Behavior Being Measured/Unit of Measurement																
Time																

Days

Date of Projected Review Meeting: _____

Review Meeting Date: _____ Participants: _____

Action to be taken: ☐ Continue plan ☐ Modify Plan ☐ Plan for generalization

Plan of action: _____

BEHAVIORAL INTERVENTION PLAN (BIP)

Daily Data

Behavior Being Measured/Unit of Measurement																									
Dates																									

Days

Date of Projected Review Meeting:

Review Date: _____ Participants: _____

Analysis of data shows:

- ☐ Desired decrease in problem behavior
 ☐ Desired increase in problem behavior
☐ Undesired increase in problem behavior
 ☐ Undesired decrease in problem behavior

Action to be taken: ☐ Continue plan ☐ Modify plan ☐ Plan for generalization

Plan of action: _____

Date of Projected Review Meeting:

Review Date: _____ Participants: _____

Analysis of data shows:

- ☐ Desired decrease in problem behavior
 ☐ Desired increase in problem behavior
☐ Undesired increase in problem behavior
 ☐ Undesired decrease in problem behavior

Action to be taken: ☐ Continue plan ☐ Modify plan ☐ Plan for generalization

Plan of action: _____

SCATTER PLOT FORM

Student: _____

Observer: _____

Starting Date: _____

Target Behavior: _____

☐ High rate of behavior

☐ Low rate of behavior

☐ None of the behavior[illegible]

BEHAVIORAL GRAPHING

Student Name: _____

Behavior: _____

School: _____

Tracking Period: _____

INDEPENDENT

15																
14																
13																
12																
11																
10																
9																
8																
7																
6																
5																
4																
3																
2																
1																
0																
Date	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	

INDEPENDENT

15																
14																
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12																
11																
10																
9																
8																
7																
6																
5																
4																
3																
2																
1																
0																
Date	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	

DURATION DATA RECORDING FORM

Student: _____

Class: _____

Target Behavior/Objective: _____

Date	Incident	Start/End	Duration	Initials
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			

Notes/Observations: _____

OFFICE DISCIPLINE CHECKLIST

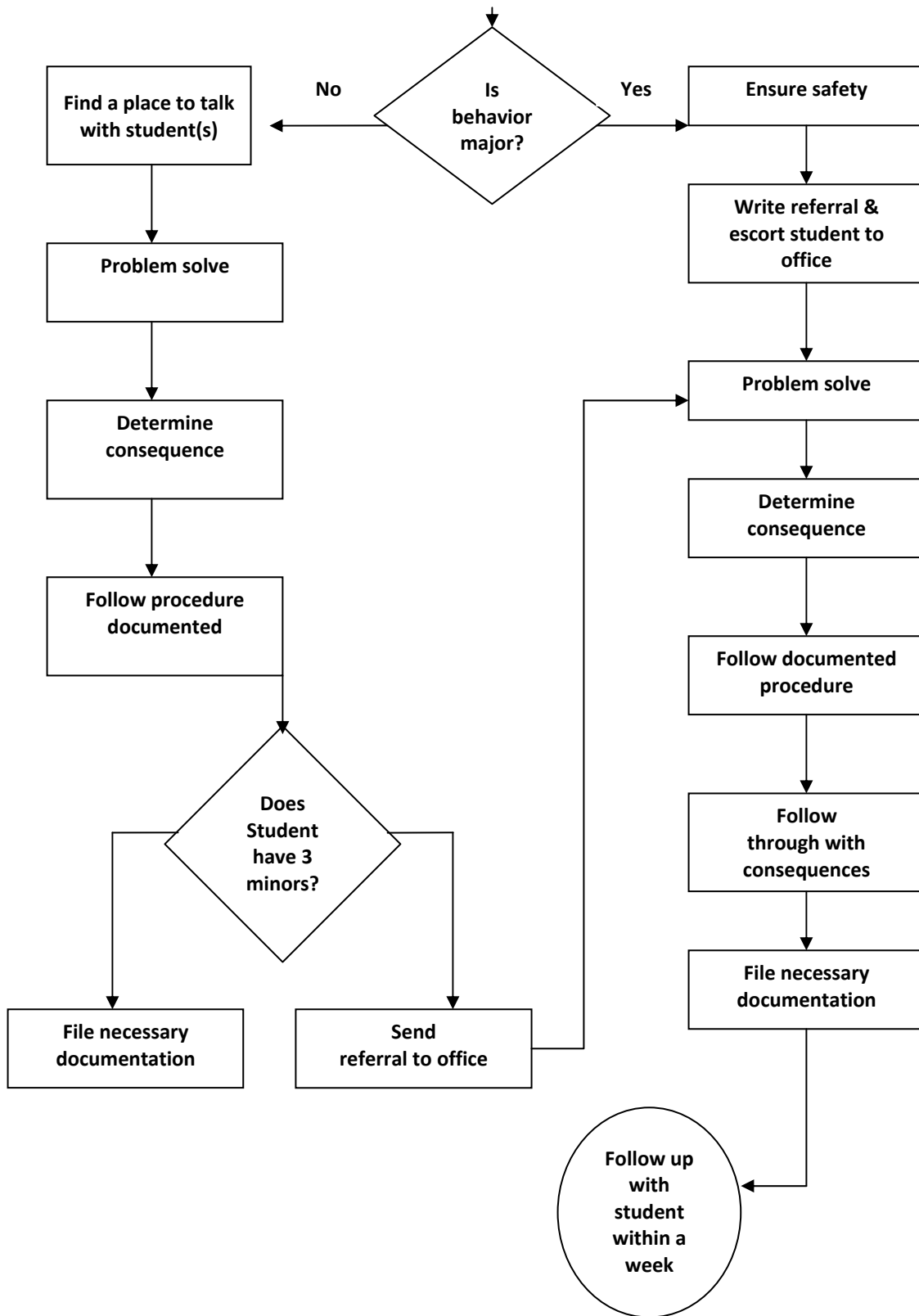
Consider each of the following when developing or evaluating your referral form.

Is there consensus with staff regarding the purpose of office disciplinary referrals?	Yes	No
Does a clear distinction between problem behaviors that are “reports” versus “referrals” exist?	Yes	No
Is your form easily transportable and a single sheet of paper?	Yes	No
Does your form require mainly check marks, as opposed to writing?	Yes	No
Are all categories clearly defined with no overlap?	Yes	No
Is there consensus with the staff regarding the usage of the form?	Yes	No
Consider your categories – do you have the following required categories?	Yes	No
• Student name	Yes	No
• Date	Yes	No
• Time of incident	Yes	No
• Location of incident	Yes	No
• Problem behavior	Yes	No
• Referring staff	Yes	No
Consider your categories – do you need any of the following categories?	Yes	No
• Student grade level	Yes	No
• Others involved	Yes	No
• Consequences	Yes	No
• Possible motivation (function)	Yes	No
• General/special education	Yes	No
• Minority/non-minority	Yes	No
• Other	Yes	No
Do the categories on the form match the database categories?	Yes	No
Are procedures for transferring data into the database in place?	Yes	No
Is there a dedicated person identified for data entry?	Yes	No

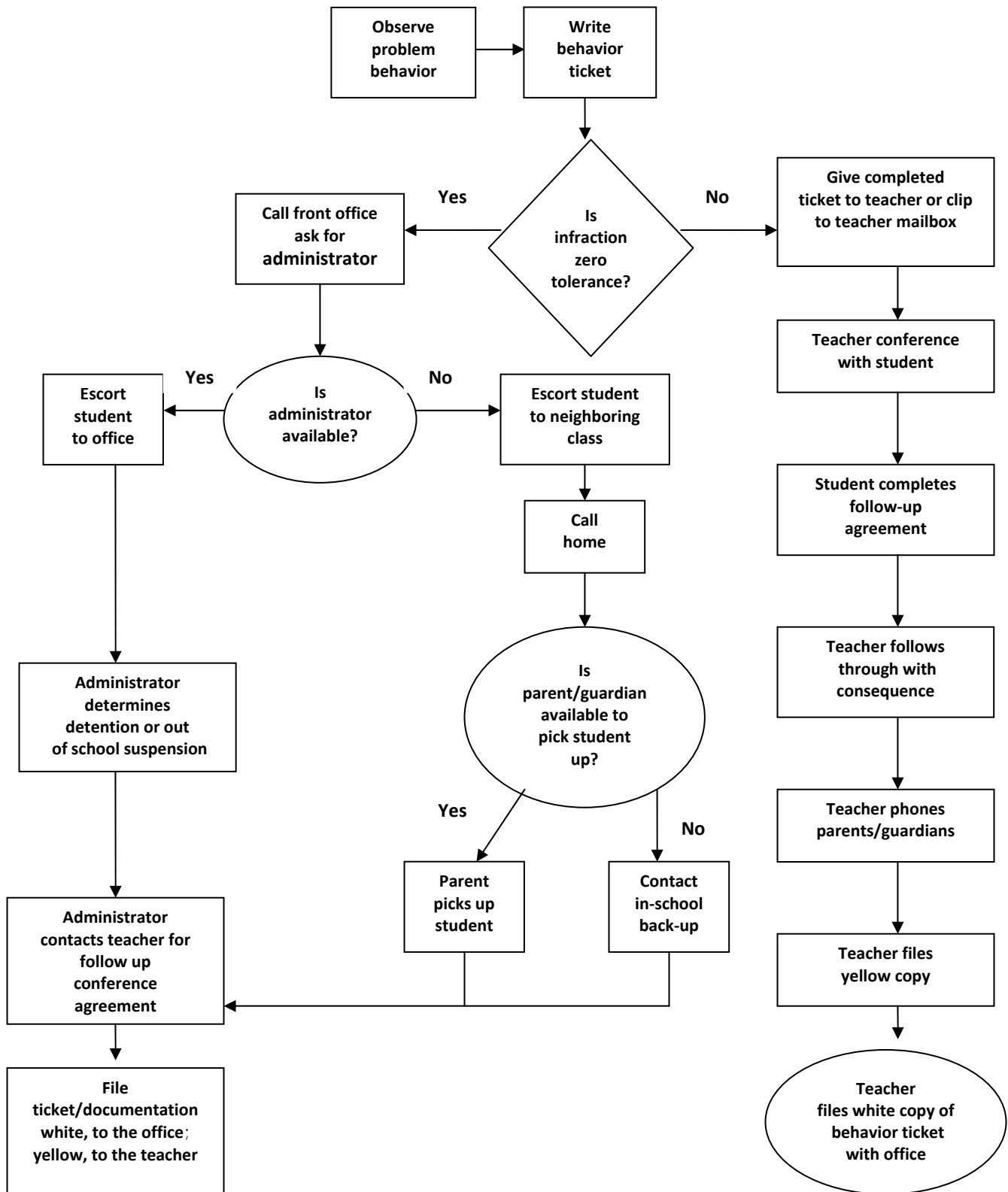
ABC-UBI is a statewide initiative to support the implementation of Response to Intervention (RtI) for academic and social behavior, supported by the Utah Personnel Development Center and the Utah State Office of Education.

<http://www.updc.org/ubi>

GENERAL PROCEDURE FOR DEALING WITH PROBLEM BEHAVIORS



DETAILED PROCEDURE FOR DEALING WITH MAJOR BEHAVIOR INFRACTIONS



Each behavior ticket is summarized into a school-wide database.
 Month reports are shared school-wide; other reports can be generated upon request.

SOCIAL INTERACTION RECORDING FORM

Student: _____

Date: _____

Observer: _____

Time: _____

Social Engagement with Peers (Partial Interval, 1 minute in length)

X – Participation

0 – No Participation

[illegible]

Social Initiations and Responses (Event/Frequency Recording)

Record each observance of an initiation or response during the 30-minute observation.

Social Initiations:	Opportunities for Response:
Social Response:	

Notes: